



Your benefit options

Coverage you can count on.
Group rates you can afford.





Short-term disability insurance

Keep getting a check when injury
or illness keeps you from work.





What is it?

Short-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your short-term disability coverage

Eligibility description	All employees eligible for full, mid-level or core benefits not electing the voluntary short term disability plan
Contribution	Your employer pays the cost of your coverage
Coverage amount	55% of your weekly earnings to a maximum of \$800 per week
Maximum benefit period	24 weeks
Accident elimination period	15 days or exhaustion of accumulated sick leave (must exhaust 30 calendar days which equates to 22 working days not including paid holidays) or earnings cease
Illness elimination period	15 days or exhaustion of accumulated sick leave (must exhaust 30 calendar days which equates to 22 working days not including paid holidays) or earnings cease
Recurrent disability benefits	If you become disabled for the same condition within 4 weeks following your prior disability, your benefits will continue under the same claim
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Not applicable
Preexisting conditions: Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable



Exclusions, limitations, and reductions

Like any insurance, this short-term disability insurance policy does have exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Your benefits may be reduced if you're eligible to receive income or benefits from:

- State disability or no-fault insurance
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance plan
- Sick leave
- State paid family leave benefits
- Any other group insurance plan
- Unemployment
- Recovery from third party

State variations apply.

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Order code: GP-STDEP-FLI001

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

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What is it?

Short-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your short-term disability coverage

Eligibility description	All employees eligible for full, mid-level or core benefits electing the voluntary short term disability plan
Contribution	You pay the cost of your coverage
Coverage amount	60% of your weekly earnings to a maximum of \$15,000 per week
Maximum benefit period	24 weeks
Accident elimination period	15 days or exhaustion of accumulated sick leave (must exhaust 30 calendar days which equates to 22 working days not including paid holidays) or earnings cease
Illness elimination period	15 days or exhaustion of accumulated sick leave (must exhaust 30 calendar days which equates to 22 working days not including paid holidays) or earnings cease
Recurrent disability benefits	If you become disabled for the same condition within 4 weeks following your prior disability, your benefits will continue under the same claim
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Health statement may be required
Preexisting conditions: Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable
Premium waived if disabled: Premium won't need to be paid when you're receiving benefits.	Yes



Exclusions, limitations, and reductions

Like any insurance, this short-term disability insurance policy does have exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Your benefits may be reduced if you're eligible to receive income or benefits from:

- State disability or no-fault insurance
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance plan
- Sick leave
- State paid family leave benefits
- Any other group insurance plan
- Unemployment
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Long-term disability insurance

Make sure you can still pay your bills if you're sidelined by injury or illness.





What is it?

Long-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your long-term disability coverage

Eligibility description	Employees eligible for full benefits, mid-level benefits or core benefits electing voluntary long term disability																								
Contributions	You pay the cost of your coverage																								
Coverage amount	60% of your monthly earnings to a maximum of \$15,000 per month																								
Maximum benefit period	<p>Social Security Normal Retirement Age (SSNRA) or maximum benefit period outlined below, whichever is later:</p> <table> <tr> <th>Age at disability</th><th>Maximum benefit period</th></tr> <tr> <td>Under 60</td><td>To age 65 (but not less than five years)</td></tr> <tr> <td>60</td><td>60 months</td></tr> <tr> <td>61</td><td>48 months</td></tr> <tr> <td>62</td><td>42 months</td></tr> <tr> <td>63</td><td>36 months</td></tr> <tr> <td>64</td><td>30 months</td></tr> <tr> <td>65</td><td>24 months</td></tr> <tr> <td>66</td><td>21 months</td></tr> <tr> <td>67</td><td>18 months</td></tr> <tr> <td>68</td><td>15 months</td></tr> <tr> <td>69+</td><td>12 months</td></tr> </table>	Age at disability	Maximum benefit period	Under 60	To age 65 (but not less than five years)	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months	66	21 months	67	18 months	68	15 months	69+	12 months
Age at disability	Maximum benefit period																								
Under 60	To age 65 (but not less than five years)																								
60	60 months																								
61	48 months																								
62	42 months																								
63	36 months																								
64	30 months																								
65	24 months																								
66	21 months																								
67	18 months																								
68	15 months																								
69+	12 months																								
Elimination period	After the end of your short-term disability or a period of 182 days of disability, whichever is greater																								
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Health statement may be required																								
Preexisting condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months lookback; 12 months after effective date of coverage																								
Premium waived if disabled: Premium won't need to be paid when you're receiving benefits.	Yes																								
EmployeeConnectSM services: Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance.	Included																								



Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony

Your benefits may be reduced if you're eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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FREQUENTLY ASKED QUESTIONS

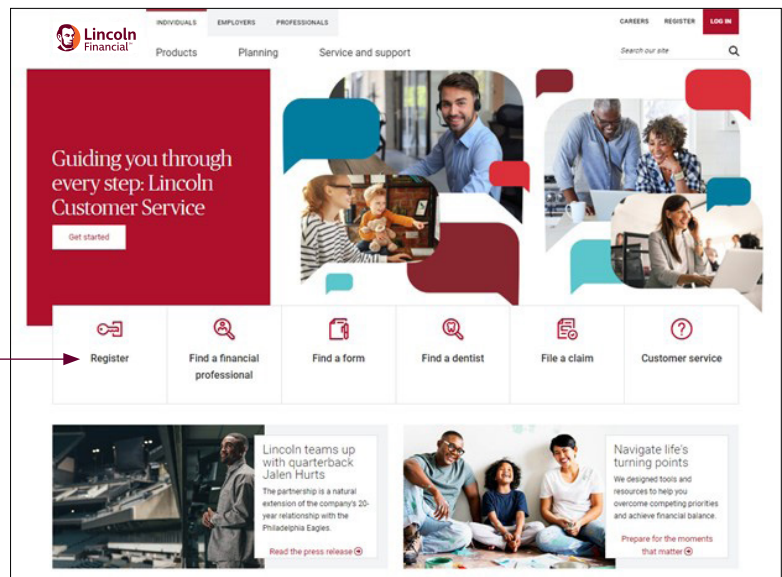
- **What is the registration code for MyLincolnPortal (MLP)?**
 - First-time users of MLP will need to register using the company code: **UNIVERSITY**
- **What is the difference between Basic Short-Term Disability (STD) Insurance and Voluntary Short-Term Disability Insurance?**
 - Basic STD Insurance is paid for by your employer. It offers a cash benefit of 55% of your weekly salary when you are out of work for up to 24 weeks due to injury, illness, surgery, or recovery from childbirth. The maximum monthly benefit is \$800.
 - Voluntary STD Insurance requires employee contributions and increases the cash benefit to 60% of your weekly salary when you are out of work for up to 24 weeks due to injury, illness, surgery, or recovery from childbirth. The maximum monthly benefit is \$15,000.
 - For more information, please review the Basic and Voluntary Benefit Summaries located under Documents.
- **Is disability insurance available for my family?**
 - No, disability coverage is only available to you as an employee as it provides income replacement for your earnings through UC.
- **Do I have to enroll in Voluntary Short or Long-Term Disability?**
 - No, Voluntary plans are optional. You will have the option to enroll in each plan separately. You are auto-enrolled in the employer-paid basic STD plan but not the employee-funded plans.
- **Can I enroll for Disability in the UCPATH Enrollment portal during Open Enrollment?**
 - No. You cannot enroll in UC's Voluntary Short-Term or Long-Term Disability Insurance plans through the **Open Enrollment Event** in the UCPATH system. However, you can apply for coverage at **any time** by submitting an online Evidence of Insurability Application to the insurer, Lincoln Financial.
- **How do I enroll in the Voluntary Short or Long-Term Disability plans?**
 - To confirm your disability coverage or to request changes to your disability coverage enrollment, please contact the UCPATH Center at 855-982-7284.
 - For first time enrollees, you will need to follow the instructions on the next page to complete the application on the Lincoln Financial website. A current or pre-existing condition may affect your application, and approval is not guaranteed.
 - Lincoln will review your application and send you a notification with their approval or denial decision.
 - If approved, their notification will include instructions for reporting your approved application to the UCPATH Center and requesting enrollment in UC's Voluntary Disability Plan(s).
 - UCPATH will process your enrollment and send you a confirmation when completed.

Access the account information you need — anytime, anywhere on **LincolnFinancial.com**

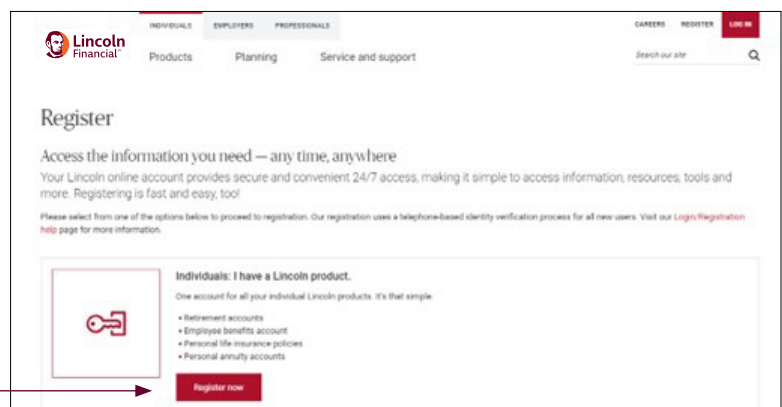
Need to submit or view the status of a claim, access forms, or upload documents? Sign up for your online Lincoln account for secure and convenient access. It's easy to find essential information, resources, tools, and more. Here's how to register:



1. Visit **LincolnFinancial.com** and select **REGISTER**.




2. Choose **Register now**.



3. Enter the requested information. You can add a cellphone or landline, but we recommend using your personal cellphone. This number will be used to text or call you during registration and for future logins to verify your identity.





Registration


1. Identity verification2. Login information

Please enter the following information.

Email

ZIP or postal code

Country code




+1 Mobile number (3...)

You may use a mobile or landline, but we recommend using your personal mobile number. This number will be used to call or text you during registration and future logins to verify your identity.

CONTINUE

4. Enter your name, birthdate, and the last four digits of your Social Security number.





Registration

1. Identity verification2. Login information

We need more information to locate your account.

Full first name

Last name

Date of birth (mm/dd/yyyy)

Last 4 of SSN

CONTINUE

5. If prompted, select **Other employee benefits**.
Select Yes and enter UNIVERSITY'.

The screenshot shows the Lincoln Financial Registration page. At the top is the Lincoln Financial logo. Below it is the title "Registration". There are two tabs: "1. Identity verification" (active) and "2. Login information". The main question is "Which product do you have?". There are three radio button options: "Retirement plan account (401(k), 403(b), 457, etc.)", "Other employee benefits (absence, disability, group life, evidence of insurability, company code registration)" (which is selected), and "Personal account (annuity, life insurance, IRA, etc.)". Below this is another question: "Has your employer instructed you to register using a company code? ?". There are two radio button options: "Yes" (selected) and "No". Below the "Yes" option is a text input field labeled "Enter company code...". At the bottom is a red "CONTINUE" button.


6. You'll receive an authentication code via text.
Enter the code in the space provided.

The screenshot shows the Lincoln Financial Registration page. At the top is the Lincoln Financial logo. Below it is the title "Registration". There are two tabs: "1. Identity verification" (active) and "2. Login information". The main text says "We've texted you at XXX-XXX-3421.". Below this is a text input field labeled "Enter authentication code...". At the bottom is a red "CONTINUE" button. Below the "CONTINUE" button is the text "Didn't receive a code?" followed by "Resend code or get a call." in red.

7. Enter a username and a password. Confirm the password, read and agree to the information displayed, then check the box. If you'd like to receive more information about products and services from Lincoln, check that box too.

Select **REGISTER**. You'll then receive a confirmation message.





Registration

✓ Identity verification

2. Login information

Please create a username and password for future site logins.

Between 5-35 characters, at least 1 letter, no special characters, spaces, or 9 consecutive numbers.

☐ I have read and agree to the following:
Online Terms and Conditions
eSignature
eTransmissions
Two-Factor authentication.

☐ I would like to receive information about Lincoln products and services through email. [Privacy Policy](#)

REGISTER

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POD 2/25 **Z02**

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It's easy to manage your benefits online!

Log in at LincolnFinancial.com

Or, with the same credentials, you can access the **Lincoln Financial Mobile app**. Download it from the Apple and Google app stores today!



Note: For the best user experience on LincolnFinancial.com, we recommend using Google Chrome.





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LCN-7083201-100224

PDF 10/24 **Z03**

Order code: EED-ENRBC-CVR001

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